

DISTRICT HEALTH & FAMILY WELFARE SAMITI, JHARGRAM

Registration No. : S/M/1482 of 2014-15 dated 09.02.2015
PO- Raghunathpur :: Dist- Jhargram :: PIN: 721507
Phone (Member Secretary): (03221) 257575
e-mail: jhargramcmoh@gmail.com & dpmu.jhd@gmail.com

Memo. No: DH&FWS/JGM/2022/1378.

Date: 21.07.2022

CONTRACTUAL RECRUITMENT NOTICE

(for Retired State Government Employees)

District Health & Family Welfare Samiti, Jhargram will engage personnel for the positions as stated below under AYUSH Establishment, Department of Health and Family Welfare, Government of West Bengal purely on contractual basis.

Eligible candidates should apply offline in the prescribed format (enclosed as "Annexure-A") as given in Departmental Website (www.wbhealth.gov.in/recruitment).

Only offline application will be accepted. Application forms not properly filled in or incomplete Application forms are summarily rejected.

Application fees of ₹100/- for General candidates and ₹ 50/- for reserved category candidates have to be submitted through Demand Draft/Bankers Cheque mode. The amount is non-refundable.

Details Vacancies are given below:

Sl. No	Name of the Post	No. of Vacancy	Reservation status	Age (As on 01.01.2021)	Consolidated Remuneration (₹)	Mode of Selection
1	Accountant (AYUSH)	01	UR	Retired State Government Employees,	12,000/- per month	Academic & Interview
2	Group-D (AYUSH)	01	UR	Upper age limit 62 years	8,000/- per month	Academic & Interview

Eligibility Criteria of "Accountant (AYUSH)" :

Desired Qualification:

- **Retired State Government Employees.**
- Upper age limit 62 years as on 01.01.2021
- Computer Knowledge
- Must be fit physically and mentally.

Eligibility Criteria of "Group-D (AYUSH)" :

Desired Qualification:

- **Retired State Government Employees.**
- Upper age limit 62 years as on 01.01.2021
- Must be fit physically and mentally.

Notes:

Applicants are requested to visit www.wbhealth.gov.in at the URL "Recruitment" regularly for information/instruction issued from time to time.

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General Instructions to the Applicants/Candidates

- Only offline Applications will be accepted. Application forms not properly filled in or incomplete Application forms are summarily rejected. If the offline application details submitted by the applicant differ with the original testimonials during document verification, that application will be summarily rejected.
- Applicant photograph should be pasted at specified space, without proper signature on photograph and application form that application shall also be summarily rejected.
- The essential Qualifications mentioned are the minimum and mere possession of the same does not entitle the candidate to claim selection. All the essential qualification must have been completed within the last date of submission application.
- Complete filled up Application form along with Demand Draft / Bankers Cheque should be send to the **Office of the Chief Medical Officer of Health, Jhargram, P.O- Raghunathpur, (Jhargram District Hospital Complex), Jhargram, PIN- 721507** within **08th August, 2022 up-to 5.00 PM** positively by **Registered/Speed Post or Drop at the 'Drop Box' kept in the office**. No Application will be accepted without submission of the required Demand Draft/Bankers Cheque.
- No rounding off of marks will be granted. Proportionate marking up to 2 decimal points will be considered.
- **Last date of submission of form : 08th August, 2022 up-to 5.00 PM.**
- The candidates, who are found ineligible at any step of the above mentioned mode of selection, will not be called for the subsequent stages.
- The decision of the District Level Selection Committee (DLSC), Health, Jhargram regarding the recruitment is final.
- **Application fees in from the Demand Draft / Bankers Cheque of Rs. 100.00 for General applicant and Rs. 50.00 for reserved categories to be submitted with the application. The Demand Draft should be in favour of "District Health & Family Welfare Samiti, Jhargram" payable at Jhargram**
- No TA/DA will be paid to the candidates for the selection test/interview.



Member Secretary, DH & FWS &
Chief Medical Officer of Health
Jhargram

Date: 21.07.2022

Memo. No: DH&FWS/JGM/2022/ 1378 /1 (19).

Copy forwarded for information and request to publish this notice in his office notice board:-

1. The Sabhadhipati, Jhargram Zilla Parishad
2. The District Magistrate, Jhargram
3. The District Information and Cultural Officer, Jhargram
4. The DIO, NIC with a request to publish this notice in the District Web site
5. The Dy. CMOH – I/II/ III/DMCHO/DPHNO, Jhargram
6. The SDO, Jhargram
7. The Executive Officer, Jhargram Municipality
8. The Superintendent, Jhargram District Hospital
9. The Accounts Officer & Treasurer, DH&FWS, Jhargram
10. The Superintendent, Gopiballavpur M/SSH, Nayagram M/SSH, Jhargram
11. The ACMOH, Jhargram
12. The DTO, Jhargram
13. The DMO, Jhargram
14. The BMOH..... (All), Jhargram
15. The IT Cell, Swasthya Bhawan with a request to publish this notice in the departmental Web site
16. The HR Cell, Swasthya Bhawan, Kolkata
17. The DPMU, Jhargram
18. Notice Board of this office
19. Guard file



Member Secretary, DH & FWS &
Chief Medical Officer of Health
Jhargram

**APPLICATION FORMAT FOR THE POST OF
Accountant / Group-D under AYUSH Establishment**

[N.B.: Application forms not properly filled in or incomplete Application forms are liable to be cancelled.]

1. Name in full (in Capital letters):

2. Guardian's Name:

Space for pasting recent
passport size photograph
duly signed by the
candidate

3. (a) Date of Birth according to Madhyamik
or equivalent examination certificate

: _____

(b) Age as on 1.1.2022

: _____

4. (a)(i) Caste Category (UR/SC/ST/OBC-A/
OBC-B of WB

: _____

(ii) Designation of issuing authority of the
Caste Certificate (If any)

: _____

(b) Physically handicapped (Yes/No)

: _____

5. Corresponding address (in Capital letters) to which : _____
Communication should be sent (mentioning _____
Post Office, Sub-division, District, Pin Code) _____

6. Permanent address (in Capital letters) : _____

7. Contact No. : _____

8. E-mail ID : _____

9. Whether citizen of India (Yes & No)
(By Birth/ Registration) : _____

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10. Educational Qualifications: Class 10 onwards

Name of the Exam. Passed	Name of the Board /University/ Institute	Full Marks	Marks obtained	% of Marks	Division/ Grade	Chances taken to pass	Year of passing

11. Professional / Others Qualifications or Specialisation:

Name of the Exam. Passed	Nature of the Board /University /Institute	Registration Number	Full Marks	Marks obtained	% of Marks	Year of passing

12. Government Employment Details:

DECLARATION

I do hereby declare that all the statements given above by me are true and correct in all respect. If any statement found false at the time of examination/ interview or after my appointment then my candidature will liable to be cancelled or my service will terminate automatically.

Date :

Place :

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Signature of the Candidate

